

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP			
1	1							51				
2	1							52				
3	1							53				
4	3							54				
5	2							55				
6	2							56				
7	1							57				
8	2							58				
9	1							59				
10	3							60				
11	3							61				
12	2							62				
13	2							63				
14								64				
15								65				
16								66				
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18								68				
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41								91				
42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	4							TOTAL IND.				
TOTAL DEP.	0	←	←	←				TOTAL DEP.	←			
TOTAL CLAIMS	94	██████	██████	██████	██████			TOTAL CLAIMS	██████			